

Bureau of Land Management
REQUEST FOR RESTORATION OF FORFEITED ANNUAL LEAVE

Under the provisions of 5 U.S.C. 6304, it is requested that previously scheduled leave forfeited due to exigencies of the public service or due to sickness (injury) be restored. In support of this request, the following required information is provided (complete items 1 through 5 and 7 through 9) for a request due to exigencies of service. Complete items 1 through 3 and 6, 8, and 9 for a request due to illness.

1. Date annual leave was scheduled _____ (attach copy of approved OPM-71). Leave must have been scheduled at least three pay periods before end of the leave year.
2. Period (from _____ to _____) and amount _____ (days/hours) of leave that was requested as reflected by the OPM-71.
3. Date leave was approved _____ .
4. Date leave was canceled _____ (attach copy of cancellation).
5. Date(s) (from _____ to _____) during which the leave was rescheduled.
6. If due to sickness (injury or disability), indicate dates and duration of sickness in an attachment. Attach copies of medical certificate, if any, plus sick leave approval, or copy of approval of disability retirement application.
7. Dates exigency was approved by the Assistant Director or State/Center Director _____ .
8. Actual number of hours requested for restoration _____ .

Do not submit before end of leave year.

- | | | |
|--|-----------------------------|------------|
| | Signature of Employee _____ | Date _____ |
|--|-----------------------------|------------|
9. The supervisor must attach an explanation of the nature of the exigency which must include the beginning and ending dates of the exigency, and efforts made to reschedule employee's leave. If due to sickness/injury, explain in an attachment efforts to schedule leave and why this could not be accomplished.

Signature of Supervisor _____ Date _____

Attachments

- | | |
|--|-------------------------------------|
| 1. _____
Servicing Personnel Specialist/Date
Review for Regulatory Conformance | 2.. _____
Personnel Officer/Date |
|--|-------------------------------------|
- Concur:
- | | |
|--|---|
| 3. _____
Assistant Director/State/Center Director | Approved for _____ hours
Disapproved for _____ hours |
|--|---|

Attachment 1